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ART. I.—*The Advantages resulting from Association in promoting Medical Science.* An address delivered before the Somerset Co. (N. J.) Medical Society. By F. S. SCHENCK, M. D. (Published by order of the Society.)

GENTLEMEN: The official position which by your kind regard I have the honor to occupy has been cheerfully accepted, esteeming it to be a flattering testimonial of your enduring friendship and abiding confidence.

The obligation which it imposes of addressing you on some medical or philosophical subject, is duly appreciated, and I avail myself of the opportunity thus afforded, of adding my mite to the contributions made by many worthy predecessors in the cause of medical science, and in sustaining the enterprise of medical association.

The age in which we live is distinguished for its progressiveness. The spirit of inquiry so peculiar to our day has been directed to the improvement of the arts and sciences generally. The number of explorators has largely multiplied, and they have manifested an earnest desire to promote the general welfare by expanding the circle of scientific investigation, and so applying their discoveries and improvements as to render them subservient to the practical benefits of life. Invention and ingenuity have effected combinations, chemical and mechanical, by which the elements have been extensively appropriated to facilitate labor and augment human power. Social intercourse with its enjoyments has been more widely extended, and civilization in all its ramifications more enlightened and refined. It is not,

however, my intention to occupy your time in detailing the numerous discoveries and improvements which have characterized the industry and enterprise of the present age.

The subject which I have chosen for consideration at this time, and on which I propose to offer a few remarks, will be directed to the inquiry, *What are the advantages resulting from association in promoting medical science?*

The utility of organizing societies and concentrating the action of numbers for the accomplishment of particular objects, promotive of the prosperity and happiness of communities, need not be labored here. The experience of the last century abundantly demonstrates their efficiency in the advancement of literature, the expansion of benevolence, and the diffusion of useful knowledge. Equally productive of happy results has been the influence of united effort in our profession. By medical association, social intercourse has been established upon a broader basis; the field of medical inquiry and observation enlarged and more accurately investigated, and professional etiquette maintained with greater fidelity.

The plan for instituting and organizing societies for the important and laudable objects above indicated, is an improvement of modern times; the honor of introducing it to the consideration of the literary and professional community is due to that distinguished philosopher and learned jurist, Sir Francis Bacon. In a work entitled *The Pursuits of Science*, he recommended the "establishment of societies of literary and learned men, who should give to the world from time to time a regular account of their researches and discoveries."

But little more than a century has elapsed since the project of forming associations for the improvement of medical science, as suggested by that eminent and sagacious philosopher, was successfully put into practice. The suggestion made by him was "to revive the Hippocratic method of composing narratives of particular cases, in which the nature of the disease, the manner of treatment, and the results are to be specified; to attempt the cure of those diseases which have been thought incurable, and also to extend their observations to the action and effects of particular medicines in the cure of particular diseases."

In conformity with the plan thus recommended, a medical

society was organized in London, in the year 1752, under the patronage of the government, by a number of prominent physicians. The results of their labors were published from time to time under the title of "Medical Observations and Enquiries," and contributed much to improve the practice of medicine and augment medical knowledge. This was the first regularly instituted association for the advancement of the healing art, and may therefore be regarded as an experiment. The success, however, which gave character to the society, justified the expectations of its founders, and secured the approbation of public opinion.

Next in the order of time we are pleased to say, and refer to the fact with some degree of State pride and professional complacency, was organized the "Medical Society of New Jersey," formed by voluntary union and fellowship for the laudable object of "maintaining uninterrupted intercourse and communication of sentiments with one another, to cultivate liberality and harmony among themselves, promote uniformity in the practice of physic on the most modern and improved systems, to correspond with and receive intelligence from the like societies abroad, and generally to improve the science of medicine, and alleviate human misery."

Animated by sentiments so worthy of commendation, so indicative of devotion to their profession, a number of physicians, in pursuance of public notice, met in convention in the City of New Brunswick, July, 1766, and organized a society to carry out the objects above specified. This brief history of the origin of the Medical Society of New Jersey cannot fail to awaken the gratifying reflection that our predecessors were men who justly estimated the responsibility of their position in the community, the honor and importance of their calling, and the advantages resulting to the public, by cultivating a mutual regard for each other, and cherishing a spirit of kindness and good-will, thereby manifesting that their objects were neither clannish or mercenary, but liberal and benevolent, and designed to contribute to the happiness and well-being of society.

The beneficial results incident to the practical operation of the association were readily appreciated by intelligent citizens, and as early as 1783, public sentiment manifested itself in favor of

elevating medical science and raising the character of the medical practitioner by legislative interposition.

At this early day in our history, when we had scarcely emerged from a state of colonial dependence, the feeling referred to was so strongly manifested, that the legislature, in compliance with public opinion, passed an act, "To regulate the practice of physic and surgery within the State of New Jersey." The preamble to this act clearly defines what were the evils to be obviated, and whence they originated. The abuses complained of were, "that ignorant and unskilful persons do take upon themselves to administer physic and surgery, within the State, to the endangering of the lives and limbs of our citizens. Therefore, be it enacted," &c.

The remedy provided by the act for the injury specified, was the requirement of a sufficient length of time to be devoted to medical studies, under the direction and instruction of a practising physician. Also, the act required, that any candidate applying for license should be examined in this State, by physicians resident amongst us, to be appointed as the law prescribes, and the act also required that the examination should afford satisfactory proof of learning and professional skill to authorize admission into the medical profession.

I have thus briefly referred to the history of our legislation connected with the medical profession at a very early day, to show the guardianship exercised by our lawmakers, in protecting the citizens of New Jersey against the intrusions and arrogant presumptions of unprincipled impostors, and the insidious and artful practices of the charlatan.

We may, without imputation of vanity, congratulate ourselves that while the medical fraternity of New Jersey took precedence in promoting the science of medicine, by voluntary union and association, the legislature of our State was in advance of all the other States, in restrictive legislation against all irregular practitioners and empirical pretensions.

And do we not derive much satisfaction from the reflection, that after the lapse of nearly a century, the Medical Society of New Jersey, organized and in successful operation while we were yet colonists, has prolonged its existence through good

report and evil report, resisting successfully the machinations of secret foes and the hostility of open enemies.

That the institution then established by the voluntary action of enterprising and inquiring minds, devoted to medical science, and solicitous for the honor of the profession, still continues to flourish, if not with youthful vigor, yet with sufficient energy and stability to stand erect amid the innovations of the day, the fluctuations of popular opinion, and the mutability of party vicissitudes, is abundant evidence that the protection heretofore granted by legislation has been approved by the people, and sanctioned by time and experience, and that the rights and privileges so conferred have never been abused or misapplied by the Medical Society of New Jersey.

For nearly three-quarters of a century the association has been clothed with corporate powers, and during that period the institution has commended itself to the confidence of the public and the approbation of the legislative power, by aiming, as peaceful citizens, to promote the best interests of the community, and I presume we shall not incur the charge of egotism for claiming to have sustained the honor of the medical profession and commanded the respect of medical gentlemen in neighboring States.

But while we have so much cause for exultation, that the honorable purposes which actuated the founders of the first medical society in our country have been so long and zealously sustained by their successors, and protected by the legislature, it is nevertheless true, and as faithful historians we must admit the humiliating fact, that the guardians of our vested rights have sometimes been diverted from the straight path of protective legislation.

The discontented in our own ranks combining with empirics of every shade and complexion, and every modification of temperature, from the freezing degree of hydropathy to the scalding point of steam and vapor, have, by indefatigable and untiring exertions, occasionally succeeded in creating a prejudice against our chartered institution, by charges of monopoly and accusations of arrogating power not authorized by our organic law.

That legislators should incidentally be misled by false pretences, urged by misrepresentations, should not surprise us. But when we reflect that those of our fellow-citizens who are selected to represent the people in the legislative hall, are chosen as con-

servators of the public welfare, as guardians of the general interests of a confiding community, should be so unguarded as to throw wide open the doors of admission to every pretender, however ignorant or unqualified, however base or unworthy, we cannot disguise our disappointment or restrain an expression of dissatisfaction.

The policy so long established, and sustained by successive legislatures, so productive of happy results to the community, so beneficial in giving stability to a well-regulated and reputable medical fraternity within our borders, without any adequate cause known to our fellow-citizens, was superseded by an act of the legislature, during the session of 1854.

By this act an entirely new mode of inducting members into the medical profession is prescribed. Instead of examination by a board of censors of our own medical fellow-citizens, with the authority to require satisfactory testimonials of previous study, of mature age, and moral character, the act provides, that any person who may present a translated copy of a diploma from any medical school in the United States, to the clerk of any county, on the payment of a shilling to said clerk, shall be entitled to all the rights and privileges of a licensed physician, and by such testimonial being filed in the clerk's office, becomes legally qualified to assume the responsible duties of physician and surgeon.

The provisions of this act are exceptionable for several reasons. In the first place, the act requires that a translated copy of a medical diploma shall be recognized as sufficient evidence of competent medical knowledge, without any certificate or other evidence that the copy is genuine, or whether the candidate be of good standing, or of lawful age. Again, the act gives to the clerks of the several counties no discretion or authority to require the original diplomas to be compared with the copy presented, but whether genuine or spurious, they are directed to place the same on file; and by this brief process the candidate, by copyright, is established in the community a legal physician.

The act is also objectionable in this, that while it affords access to gross imposition, it provides no penalty for impostors. The act, therefore, in my judgment, is decidedly censurable, being unguarded in its provisions, ineffective for good, and potent for mischief.



The inquiry here suggests itself, on what principle of legislation is the act founded. Does it give better security to our fellow-citizens for skill and usefulness in the profession, by guarding against the inroads of empiricism? Does it render the profession more honorable and worthy of public confidence by inviting young men amongst us more thoroughly educated? or was it designed by those who applied for the act to bring all the medical schools of our extended country to a common level, and establish professional equality among all the graduates of the numerous medical colleges of the United States, who are made legal physicians by the act of '54, whether deservedly or otherwise? If this were the consideration which prompted the friends of the bill, we need not look far to find the principle on which the act was founded. Its features bear unmistakable evidence of its being nearly allied to a new element in governmental policy, designated "squatter sovereignty." By the application of this new element in the formation and organization of society all men are made equal, not only politically, but socially, intellectually, and morally. So the act of '54 removes all disabilities, and a copy of a diploma, whether true or false, purporting to emanate from any medical school, however remote or obscure, by legislative aid is made to possess abundant testimony of the candidate's fitness and competency to practise physic and surgery in the State of New Jersey, and it entitles him to all the rights and privileges of Doctor of Medicine.

We confess ourselves not a little surprised when we reflect that the policy of receiving candidates into our profession, so long established and patronized by successive legislatures, should be discarded almost without ceremony, and certainly without legislative investigation, as the substitute attaches responsibility nowhere. Nor is our wonder abated by a knowledge of the imputed outside influence by which the mutilation of our charter was mainly achieved. The applicant most importunate and seemingly most successful in obtaining a partial repeal of the fundamental law of the Medical Society of New Jersey, was neither by birth or attachment, nor by affiliation or sympathy, a Jerseyman—having no earthly claims to the confidence of our legislature, or the respect of our citizens. That such instrumentality should be so highly appreciated and honored with legislative countenance, we confess

our inability readily to comprehend. We impugn the motives of no one, and will only reiterate the oft-repeated interrogatory of surprise, "Can such things be and not excite our special wonder?"

But, gentlemen, is it not truly gratifying and honorable to our profession, that while the credulous many may be deluded by the assumption of bold pretenders, and our legislators may be unmindful of their responsibility to confiding constituents, yet enlightened and conservative public opinion pays respect to the course of medical instruction which has been sanctioned by time, and sustained by long experience? For it is worthy of special notice, that all medical appointments for the army, and navy, and other public positions, are selected from that class of physicians who have entered the profession through the old avenue opened by Hippocrates, kept in good repair, and improved by a long list of distinguished instructors from age to age to the present time.

In connection with this subject, we advert to the fact that every medical candidate for admission in the army or navy of the United States, must submit to an examination before a Board of Examiners, who are appointed either by the Secretary of War or of the Navy, according as the candidate prefers service in the one or the other department. Neither a diploma, much less a copy of a diploma, from any medical school or any other testimonial from the highest personal authority, will recommend a candidate to favor in either department. Suitable qualifications, as ascertained by rigid examination, constitute the only claim to admission. And we may here raise the inquiry, Does not the practice of the National Government relative to the policy of admitting applicants for medical positions in the army and navy commend itself to the approbation of any judicious member of the republic? And if so, does not the act of '54 contrast unfavorably with the example of the general government?

Are not the lives and health of our fellow-citizens entitled to as much care and legislative protection as the health and lives of the men now employed in the army and navy? And should not our lawmakers be equally solicitous to protect the medical faculty of our State from the inroads of irresponsible pretenders to the healing art?



Feeling persuaded of the utility of incorporation to the efficient action of the Medical Society of New Jersey, we cannot relinquish the hope that the legislature will at an early day restore the society to its original condition, from a conviction that it will be conducive to the public welfare, and not detrimental to the reputation of the State.

Whatever may be the future action of the legislature relative to our society, we should under no contingency abandon our association, or become disorganized by absenting ourselves from regular meetings, or neglecting to perform the duties devolving upon us; but, following the example of the original founders of the society, let us fall back upon the old platform which they erected of voluntary association. The advantages resulting from union and harmony of action are equally attainable from voluntary or corporate organization. It is the spirit which animates and impels to exertion, and not the power which creates that gives energy and force to concentrated action. Next to the discovery of the art of printing in diffusing knowledge among mankind, the association of individuals for the accomplishment of particular objects has been most useful and efficient. By the co-operation of these two elements for the expansion and concentration of knowledge, the resources derived from the arts and sciences have been more fully developed, and the intellectual powers of man elicited for high enterprise and ingenious application.

By the art of printing the rays of intelligence have been emitted as from a luminous body to the extreme borders of civilization—while associations of enterprising individuals for the prosecution of particular objects have served as a lens to concentrate those rays, giving animation, energy, and success to diversified pursuits. The unprecedented improvements of the last century can only be accounted for by the diffusion of knowledge through the agency of the press; and the large sphere of action for ingenuity and invention to the instrumentality of united exertion and concentrated force. In conclusion, permit me to remind you that we should not forget that we are Jerseymen. That our predecessors had the honor of being pioneers in the cause of medical science by means of voluntary association, and that we have never been

found remiss in our efforts to sustain the institution. I certainly need not add that we are not only Jerseymen, but citizens of old Somerset, are devoted and zealous in the cause of medical association by inclination and example. Let us not now be delinquent in sustaining the reputation acquired by our worthy predecessors.

## PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. II.—*New York Pathological Society.* Reported by E. LEE  
JONES, M. D., Secretary.

REGULAR MEETING, May 28, 1856.

*Serous Cysts of the Kidney—Apoplexy.*—Dr. A. CLARK presented specimens from a case of *serous cysts of the kidney*, complicated with *apoplexy*. The patient, a female, aged 40 years, a native of Ireland, was admitted into Bellevue Hospital on the 11th of May, 1856. At the time of admission, she appeared stupid, could give no account of herself, and resisted all attempts to undress herself, so that the nurse thought she was drunk. After being placed in bed, she was restless, occasionally muttering, until about 11 o'clock, when her breathing suddenly became slow and labored. The House Physician was immediately summoned; but when he reached the ward, the attack had passed off, and she was breathing easily, at the rate of about twenty a minute, expiration prolonged and sighing; pulse about 100. She resisted attempts at examination, and could not be fully aroused. The pupils were somewhat contracted, but acted well when the candle was approached or withdrawn from them. There was no paralysis of either side, but the right cheek was puffed out at each expiration. At 2½ o'clock she had a convulsive attack, lasting a few minutes; her condition after the attack remained nearly the same as before. At 6 o'clock, the nurse reported her the same; her bowels had moved freely at 5½ o'clock—the stool dark and very offensive. Soon after this, another convulsion occurred. Her condition was not materially changed; at 11 o'clock a third convulsion came on, and immediately after she died. She was not known to have passed urine since her admission to the hospital.

*Autopsy*, 9 A. M., Monday 19th; 22 hours after death. On opening the cranium, a large clot was found in the arachnoid cavity, on the right side, filling the middle fossa and the space between the cerebrum and cerebellum, and extending up over the side of the cerebrum to its superior surface. There were signs of recent arachnitis. Several ounces of bloody serum escaped. The liver was of a bronze color, quite small, weighing only 2½ lbs. The kidneys were found greatly increased in size and weight, extending from the diaphragm to the iliac fossa. Their surfaces were entirely covered with serous cysts, which were full and prominent when first removed, but now are soft and flabby. The *right kidney* measured: length 9½, width 5½, depth 3 inches. The *left kidney* measured: length 9½, width 5, depth 2½ inches. The weight of right kidney, 47½, left kidney, 44½ ounces.

Dr. Clark observed that the relation between uræmia and convulsions was

frequently seen, and he considered the convulsions in this instance a consequence of uræmia rather than of apoplexy.

One remarkable thing in these cases is the length of time these serous cysts may exist, and no prominent symptoms be present. The disease in these kidneys had doubtless continued a long time, and if we can credit the statement of her husband, she had never experienced much inconvenience from this cause, until a few days previous to her entrance into the hospital. The reason of this is probably due to the fact, that these cysts are formed in the substance of the organ, and the secreting portion remains, the kidney structure being broken up between, and forms a part of the walls of the cyst. Dr. Clark referred to his views expressed at a few meetings since, that these cysts will be found not to depend on dilatation of the investment of the Malpighian bodies, nor any enlargement of the natural cells of the tubes, or obstruction of the uriniferous ducts, but due to *cells*, deposited in the stroma of the kidney, between and outside of the ducts, &c. (See Remarks of Dr. Clark on the Origin of Serous Cysts, in the Proceedings of March 26, 1856, in our Sept. No.)

*Removal of the Globe of the Eye.*—Dr. WM. DETMOLD exhibited the *globe* of an eye, removed one week since, after the manner practised by Mr. Crichtett. Some six weeks previous to the operation, the patient, a woman between 20 and 30 years of age, presented herself, with symptoms of amaurosis. She was dismissed as a hopeless case. A few days previous to its removal, she again sought his advice. At that time, the eye was in a state of general inflammation, the lens opaque, and pressed close against the concave surface of the cornea, at the lower segment of which was a small sclerotic staphylomatous tumor. The diagnosis arrived at was, a tumor within the ball of the eye. The inflammation was intense, pain great, and the probable sympathetic inflammation in the sound globe induced him to remove the eye.

The vitreous body has disappeared, the pigment dissolved, and when cut into, a dirty brown liquid flowed out, containing a few filaments, which seem to be the ruins of the retina. At the point where the optic nerve passes out, two or three small tumors are seen.

The operation was performed by an incision around the cornea, about a line from its circumference, then dividing the attachments of the muscles and the optic nerve with a pair of curved scissors.

It is just one week since its removal, and the parts have almost healed; and he has never seen more perfect motion, or a case more adapted for an artificial eye.

*Rupture of the Aorta.*—Dr. T. C. FINNELL presented a *heart* obtained from a gentleman 45 years old, a free liver, and of active habits, who suddenly died yesterday morning. On inspection, abundant atheromatous deposit is seen in the aorta, and also two perforations situated just above the aortic valves; one of them, complete, opens into the pericardium, which was greatly distended with blood; the other was incomplete.

Dr. MARKOE inquired as to the mode of death; how long he lived.

Dr. Finnell stated that death was instantaneous.

Dr. M. said that this mode of death was peculiar to ruptures at this point—that in a dozen or more instances collected by him a few years since, death invariably occurred extremely suddenly. He supposes the heart emptied, and blood poured out into the pericardium, and death ensues before a second contraction takes place.

Dr. Finnell then presented a stomach, showing the effects of poisoning by arsenic; its mucous lining was intensely reddened throughout. The patient lived six or seven hours.

*Microscopic Examination of Tumors of the Eye.*—June 11, 1856. Dr. ALONZO CLARK reported on the case of tumors of the eye, exhibited at the last meeting of the Society, by Dr. Wm. Detmold. The optic nerve itself was not implicated in the disease. The tumor seemed to be composed of two distinct parts, one light, and the other dark; in the centre of the light portion is a dark spot. A fibrous tunic invests the tumor.

*Microscopic examination* shows it to be entirely composed of that variety of cell, now denied to be cancerous, the double caudate corpuscle of Muller. He could not divest himself of the idea that these tumors were of a malignant nature; and those holding a contrary opinion admit their not unfrequent reproduction, a marked characteristic of malignancy. In the dark portion, hematoidine exists in great abundance; and in fact the whole tumor is more or less darkened by its presence.

*Fibrous Tumor of Uterus, with (probably) Malignant Degeneration, and Encephaloid Disease of Liver.*—Dr. CLARK next presented a specimen sent to him by Dr. Burdett, of the Flatbush Hospital. It is a fibrous tumor on the exterior of the fundus of the uterus, weighing eighteen pounds.

It is composed of two distinct portions—one part hard, the other soft; the two blending together in such a manner as to render it impossible to determine where the one ends and the other commences. Near the central part of this large tumor were cysts containing several ounces of serous fluid.

Now, what is the nature of the soft portion? Is it cancerous? If so, we have a solution of a point, often the subject of discussion at our meetings, whether fibrous tumors ever assume a malignant character. This softened portion, so far as its general appearance goes, may be encephaloid cancer, or the soft variety of fibrous tumor. But with this tumor was brought the liver, sixteen pounds in weight, which contains several masses, large and small, of what will hardly be doubted is encephaloid deposit; and have the same vascularity and general consistence as the softened portion of the uterine tumor, and seem to be of the same character.

The microscopic examination was not entirely satisfactory, except as demonstrating the two deposits as identical in nature; if one is cancerous, the other is—both being constituted mainly of fibres and cells, the latter of large size, more or less fatty, more or less rounded; the nuclei, in most instances, obscured by the brownish opacity produced in them by the alcohol, in which the specimen had been macerated, or otherwise wanting.

If so, then here is an instance showing the degeneration of fibrous into malignant growths.

Nothing of importance occurred in the progress of the disease. It was removed from a colored woman, 40 years of age, who first became aware of the existence of the uterine tumor about seven years since.

The softened portion being about one-fifth of the whole mass, appeared mainly as one large mass, but there were numerous softened spots, in the substance of the tumor, of small size.<sup>8</sup>

*Ulceration of Appendix Vermiformis.*—Dr. McCREADY presented a specimen of ulceration and perforation of the appendix vermiformis, from hardened feces.

On Wednesday, June 4th, he was called to visit a slight, somewhat delicate boy in appearance, though habitually enjoying good health. Two days previous, immediately after dinner, he had eaten a large piece of cocoa-nut. From that time he had suffered colicky pains in the bowels. He had vomited slightly, and a dose of castor oil had been administered, which had acted freely. He was found with a cool skin, and a tranquil expression of countenance; the tongue clean, the pulse about 100, and without tension. The pain complained of was aggravated at intervals, and was located in the epigastric and right hypochondriac regions. He complained of tenderness on pressure; but when it was made gradually, he bore it well. A dose of calomel and Dover's powder was ordered, to be followed in the morning by a mixture of rhubarb and soda. The medicine operated freely, but without affording relief. Morphine in full doses was now prescribed, and the pain was for a time alleviated, and the pulse reduced in frequency. The pain, however, returned, and the pulse rose to 116. The abdomen was slightly swollen, and the tenderness referred to, in the same region as before, was somewhat increased. He complained that it hurt him to rise, or to turn in bed. This, however, was not constant, since he, on different occasions, turned and raised himself to a sitting posture, at my request, without complaint. The decubitus was natural, generally on the side; legs were not drawn up; the countenance was natural and the skin soft. He was put on the use of calomel and opium: two grains of the former, with a half grain of the latter, being ordered every three hours. The opium, as is frequently the case, diminished the secretion of urine, and also produced slight retention; the patient passing it but once in twenty-four hours.

On the morning of Sunday, June 8th, Dr. Gurdon Buck saw the child, in consultation. The symptoms had not materially altered; the pulse ranged from 116 to 120, and was soft, and of moderate fulness; the tongue clean; the skin, countenance, and decubitus natural. As the bowels had not been moved for nearly three days, a large enema, with a spoonful of castor oil was ordered, and warm fomentations to the abdomen, which had previously been applied, were continued. On visiting the patient at 1 P. M., his countenance was sunken, and pulse very frequent and scarcely perceptible. The skin was bathed in perspiration, and there was some coldness of the extremities. The pain was gone, and the little patient moved freely in all directions. Soon after the administration of the enema, he had a large watery evacuation, and had passed urine freely. This was followed by vomiting of a quantity of dark, green-looking fluid.



During the afternoon and evening, the vomiting recurred several times; and acute pain in the abdomen was complained of. The child became exceedingly restless, tossing about in bed; the extremities colder; the countenance more livid and sunken, and finally expired at about three o'clock on the morning of the 10th.

*Post-mortem examination*, 14 hours after death. *Abdomen*.—On opening the abdomen, it was found filled with a considerable quantity of sero-purulent fluid. The intestines were universally glued together by soft adhesions, which were readily broken up. In several places where two folds would be adherent, there would be at the place of adhesion a dark-brown, circumscribed patch, with a well-defined margin, resembling so closely the appearance of gangrene after strangulated hernia, as to be at first taken for gangrene by Dr. Buck.

The intensity of the inflammation was evidently greatest about the hypogastric region, and raising the intestines from the pelvis, the effused fluid was found there of a darker color, having a brownish tinge. There was, however, no feculent odor.

Amid the mass of large intestine which dipped down into the pelvis, the appendix vermiformis was found intensely inflamed, much enlarged, and having a flattened appearance. It contained a concretion about the size of a swollen white bean. No perforation was noticeable. On being laid open, the mucous membrane of the appendix was intensely inflamed; the inflammation extending to the neighboring large intestine, the follicles of which were enlarged and prominent. The concretion consisted apparently of a small feculent mass which had formed itself around two or three minute whitish bodies about the size of strawberry seeds. The appendix, with the caput coli, was removed, and after maceration one hour in water, several minute ulcerations were evident; one of which, about the size of a pin's head, had perforated into the abdominal cavity. The other organs were not examined.

*Rupture of Ilium*.—Dr. FINNELL presented an instance of rupture of the small intestine, from violence. The patient from whom this was obtained, was 30 years old, a stout, healthy man, who was violently beaten about the head, and kicked in the abdomen. He instantly complained of severe pain in the bowels, sickness at stomach, and great prostration of strength. In a few minutes he recovered sufficiently to walk home a distance of several blocks. The pain still continuing, a physician was called, who attended him up to the time of his death, which took place thirteen hours after the injury.

The autopsy revealed extensive peritonitis, and a circular perforation about the size of a five cent piece was found in the ilium about three feet from the cæcum; the contents of the intestine passing into the peritoneal cavity, producing inflammation and death.

Dr. FINNELL then presented several specimens from a man, who died of pneumonia. There was found an ununited fracture of both bones of the forearm, with extravasation of blood in the muscular substance. Over the surface of the spleen were small rounded bodies, of a uniform size, hard and white. Over the pulmonary pleura were scattered twenty or thirty of the

same bodies, and also over the surface of the liver; they did not penetrate the substance of the organs. No cancer or tubercles were observed in the lungs. There was also a depression of the frontal bone. He has been subject to epilepsy for twenty-five years. No reliable account of the case could be obtained.

*Ulceration of the Appendix Vermiformis.*—A second specimen of ulceration of the appendix vermiformis was presented by Dr. ENOS, who obtained it from a girl 7 years old, who complained first of pain in the bowels. Supposing it to be intestinal irritation, he administered a cathartic: no relief followed. Inflammation then set in actively, with pain—rapid pulse. These symptoms increased, and she died on the third day.

Sero-purulent fluid in abundance was found in the abdominal cavity. The appendix was perforated at its junction with the caput, by a mass of impacted feces. The opening was on the coccal side of the foreign body.

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ART. III.—*Summary of the Transactions of the College of Physicians of Philadelphia.* (Prepared from the published Transactions.)

STATED MEETING, March 5, 1856.

*Malignant Disease.*—Dr. WOOD presented the notes of two cases of malignant disease. They both occurred in the Pennsylvania Hospital, and he considered them interesting under the circumstances of their occurrence. They both occurred in consumptive patients, though neither of them in the most advanced stage. Both were walking about the house. They were in the same ward, and that a small one, containing only about ten beds.

"There was a remarkable similarity in the symptoms and course of the disease in both. The most striking phenomena were the excruciating and almost insupportable pains, especially in the small of the back, the great frequency of the pulse, the universal dark-red suffusion of the surface, somewhat punctated, and interspersed with petechiæ, the injected conjunctiva, the total absence of delirium or stupor, and the unexpectedly sudden death. In both the fatal issue occurred within the second period of twenty-four hours; one living forty-two hours, and the other, who was further advanced in phthisis and weaker, only about thirty hours. On examination after death, rigor mortis was found wanting in one and defective in the other; there was in both universal congestion of the cerebral and spinal vessels, congestion also of the lungs, and a fluid or semifluid state of the blood; the substance of the brain and spinal marrow was much softened, so that in one the brain placed upon a plate and deprived of the dura mater, fell down into an almost formless mass, and the spinal marrow at near its lower extremity was almost diffuent. Here were the obvious features of a most malignant febrile affection. What was its precise character?

"Only three febrile diseases were prevailing at the time which had any bearing on these cases, scarlet fever and smallpox, out of the house, and erysipelas in the hospital, of which, however, there were only a few cases, and none in the same ward.

"These patients had no communication, so far as was known, with any one out of the house. No case of smallpox had been admitted within the wards. One case of scarlet fever, in a seaman, had been received into the hospital, but he was placed in a separate house, at a considerable distance from the main building. Between twelve and thirteen days intervened between the termination of the first case and the occurrence of the second.

"The idea of malignant *cerebro-spinal meningitis* suggested itself; but the absence of delirium or coma, and the want of tonic spasms, did not allow the disease to be considered as of that character, though there was obvious congestion of the brain and spinal marrow, and in one case there were signs of very slight exudation of coagulable lymph.

"The diseased state of the blood from the beginning, as evinced by the petechiæ, red and turbid conjunctiva, and purplish hue of the surface, indicated that some poison had been admitted into the system, through which that fluid had become depraved.

"Upon a comparison of these facts, Dr. Wood said that it appeared to him most probable that they were cases of malignant scarlet fever. There was something like the rash of that on the surface, though it made its appearance sooner after the commencement of the fever than usual. It is possible that one of the patients, both of whom had been permitted and encouraged to walk frequently in the grounds of the hospital, had, unknown to the attendants, entered the house in which the patient was lying with scarlet fever, and might thus have contracted the disease. That the second patient received the disease from the first is highly probable. It is true that the period of incubation, namely, twelve or thirteen days, was longer than is usual in scarlet fever, and more in accordance with the variolous; but it was not so long as to be beyond the limits of a possible diversity from the normal standard.

"The state of the skin in one of the cases strongly recalled to his mind an instance of malignant scarlatina which he had formerly witnessed in an adult male in this city, in which, as in the present case, the cuticle separated with a slight touch, as if the whole surface had been blistered.

"The cases to which he had thus called the attention of the College, were of interest only in a pathological point of view. The treatment had probably had no influence, one way or another; nor is it likely that any measure which could have been adopted would have varied the result."

*Abscess of the Iliac Region in Males.*—Dr. CONDIE had, within the past few months, witnessed four cases of abscess, which, in many of their features were new to him.

"In their general symptoms these cases were closely analogous to one another. All of them occurred in males, between the ages of eighteen and forty; persons surrounded by the comforts of life, and good livers. Two of

the patients were slender in person and somewhat dyspeptic, and the other two were stoutly built and robust. In all of them the attack commenced with pain in the right inguinal region, at first in paroxysms, at irregular intervals. Subsequently the pain became more continued, and was aggravated by walking, by lifting weights, &c. Slight febrile symptoms followed, succeeded by loss of appetite, difficulty in walking, and finally, total inability to walk or even to assume an upright or sitting position. The pain increased in intensity, preventing the patient from sleeping night or day. To these symptoms succeeded the formation of a hard unyielding tumor, extremely tender upon the slightest touch. In one it was situated just within the spine of the ilium, outside of the abdominal canal and above the internal inguinal ring. In two cases it was deep in the groin and below the internal ring, and in the fourth immediately above the right pyramidalis muscle. At the end of three or four weeks the tumor became more prominent and circumscribed, and shortly afterwards fluctuation could be perceived. In one case, where the abscess was opened by the knife, a copious discharge took place of clear genuine pus, which exhaled a fetid smell. From this circumstance it was inferred that it originated low down in the pelvis near the rectum. In two of the cases an opening formed giving discharge to the matter without artificial aid. Recovery took place in all the cases, but very slowly, the patients remaining for a long time in a state of extreme debility. In the last case which has come under my notice, a tumor of extreme hardness remained for some time, but in the end gradually disappeared. Abdominal distension, but not amounting to tympanitis, and with more or less tenderness, was observed in all the cases. In none was there any reason to suspect a syphilitic taint. Two of the cases were seen by Dr. Wallace in consultation with me. These cases are of great interest, among other reasons because they present many of the marks of hernia, for which they might be mistaken by an inexperienced practitioner. Indeed, in one of them the mistake was actually made by the physician in attendance; and in another, which occurred in a patient eighteen years of age, the symptoms of strangulated hernia were strongly simulated; besides the painful tumor in the groin there were obstinate constipation, vomiting, and a small frequent pulse. Five grains of blue mass and three of extract of hyoscyamus were prescribed; and soon produced a free evacuation of the bowels, which were kept regularly open subsequently by small doses of an infusion of senna with the addition of the sulphate of magnesia.

"It is extremely curious that these cases should have occurred to me in such quick succession, while I had never before met with any precisely similar in the course of my professional career. As regards their treatment, I may state that leeches were used in two of the cases, to combat the inflammation, but in the two others they were not resorted to, as little or no benefit resulted from their use, and they interfered with local applications of greater efficacy; a strong solution of muriate of ammonia in camphor water, applied as a lotion, was found to produce the best effects. In the fourth case an ointment of the iodide of lead was used to promote resolution. Small and large

doses of opium were administered by the mouth, to allay the intense pain and suffering which formed so prominent a feature in the disease."

*Perforation of the Appendix Vermiformis.*—Dr. GORECHT gave the particulars of a case of perforation of the appendix vermiformis.

"The patient, aged 21, a carpenter engaged in making and setting heavy joist, was muscular, of average height, and had been apparently in good health. He was not originally under my own care, but according to the statement made when he took charge of the case, at 11 o'clock on the night of Sunday, February 10th, the first symptoms occurred at about 5 A. M., on the previous Thursday, consisting of abdominal pain, but no purgation, for which some 'cholera medicine' was taken, but without relief, vomiting supervening at about 11 o'clock. During the day, and on Friday, the symptoms increased in severity, and on Saturday and on Sunday cups and poultices were applied to the abdomen, and internal remedies were employed, which, however, failed of their purpose; the pain continuing until Sunday noon, when it ceased suddenly and entirely, but the vomiting was unabated. For the first time since the attack the bowels were moved that evening by a clyster, but the passage, which was copious, had no fetid odor.

"At this time, when Dr. G. first saw him, there was no abdominal tenderness, the belly being soft without tympanites, and the patient lying at length in the bed. Voice was good, respiration natural, pulse frequent, cool skin, moist clean tongue; but there was great general exhaustion and constant rejection from the stomach of a dark liquid like black vomit. He supposed, from the detailed symptoms: 1. That he might have had enteritis resulting in gangrene. 2. Or internal strangulated hernia terminating in gangrene. 3. Or that he might have had peritonitis."

Lime-water and ice internally, and counter-irritants externally, were used to combat the obstinate vomiting, while a stimulating and nutritious diet and stimulating applications to the body and extremities, were prescribed to combat the symptoms of exhaustion. Under this treatment the patient rallied somewhat until the after part of Monday, when the vomiting increased again, and the mind wandered a little.

"On Tuesday morning I found that his physical powers had been slowly failing since the previous evening, and when left perfectly quiet there was some disturbance of intellection, but he returned intelligible answers when addressed. It was evident that death would occur before many hours had elapsed, though not immediately, and being of perfectly clear mind, it was thought best to apprise him of his actual condition, which was done in the gentlest manner possible. It was found that he had no apprehension of his extreme danger, and his life seemed to have been prolonged by the hope of recovery, for when informed of his real situation he asked anxiously, 'Can you not try to do more?' then turned on his side, became restless, and had himself propped up in the bed; his mind wandered, breathing was labored, vision became indistinct; he was insensible to those around, and died at 10½ o'clock, within a half hour after being informed of his hopeless condition.

"*Autopsy.*—On examination twenty-four hours after death, cadaveric rigidity being complete, extensive peritonitis was discovered. The great omen-

tum was thickened, vascular, and bound firmly to the right iliac region. All the coils of the small intestine adhered. The cul-de-sac between the bladder and rectum, by the agglutination of the sigmoid flexure, small intestine and upper fundus of the bladder, was completely shut off from the general peritoneal cavity, thus forming an abscess lined by very thick false membrane, containing more than a teacupful of purulent fluid. Several small circumscribed collections of purulent fluid formed in a similar manner were found in the vicinity of the ascending colon, which was drawn down and attached to the cæcum and appendix vermiformis so firmly that some force was required to separate them.

"The removal of the colon revealed the appendix, which was quite capacious, perforated at the bottom of a large ulcer, situated at about one-third of its length from its extremity, the portions surrounding the ulcer being gangrenous. Just below the orifice of communication between the appendix and the cæcum, was found impacted, a seed or stone with its exterior much softened, which appeared to be that of a large cherry or small plum.

"At the time of death there seemed to have been no communication between the intestinal and peritoneal cavities; the adhesions of the perforated part to the colon preventing it.

"The stomach contained a fluid similar to that vomited; there was no noticeable lesion of its parietes.

"The mucous coat of the intestines was not involved in the inflammation, and contained, nearly throughout, only mucus colored by bile. The lower portion of the ileum and colon contained fecal matter.

"The bladder was empty.

"The specimen presenting the lesion described, was exhibited by Dr. Goebrecht.

"Several of the Fellows referred to similar cases that had fallen under their observation. Dr. GRESCOM mentioned one in which the foreign body was a watermelon seed; and Dr. KEATING referred to one reported by Dr. Meigs, where a collection of fig seeds in the appendix had occasioned the attack. A case was also reported by Dr. H. HARTSHORNE, in March, 1851, and another in April, 1845, by Dr. PEPPER. In the former, a mass of hardened feces, and in the latter, a grape seed, was the offending body."

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#### ART. IV.—*Conversational Meetings of the Philadelphia County Medical Society.*

PHILADELPHIA, November, 1856.

DEAR REPORTER: The second meeting for discussion of the Philadelphia County Medical Society was held on the evening of November 12th. Dr. JEWELL, President, in the chair.



*Hygienic Management of Disease.*—DR. BELL opened the discussion with some remarks on the hygienic management of disease. By this he understood the application to the cure of disease of such means as are adapted also to the preservation of health. Unfortunately, little progress had been made in this department of therapeutics; the ancients having understood some points of hygiene much better than ourselves. Allusion in this connection was made to the gymnastic exercises of the ancients, and these athletic amusements were favorably contrasted with the modern ways of killing time, so often positively detrimental. The treatment of disease by exercise had perhaps been pushed too far by the ancient physicians, as in that extreme case where Herodotus, a predecessor of Hippocrates, directed a patient to walk from a town twenty miles distant from Athens, to that city, the walls of which he was merely to touch, and then return, without resting, to the place from which he set out. As a further proof of neglect of this branch of medicine, it had been left to Preissnitz to call attention to the great advantages which may be derived from the use of water in therapeutics. Much looseness of idea still exists on the subject of bathing, especially as to the meaning of terms; the directions as to the temperature being often vague, and certain to be misunderstood. A physician careless in this particular, would be little more to blame if he were to order paregoric, without specifying one tablespoonful or six, or a Dover's powder, without saying whether it should be five grains or twenty.

Dr. B., who seems to have arranged his remarks under the three heads of bathing, mineral waters and exercise, next proceeded to notice the benefit derivable in certain conditions of fever from the use of the cold bath, sheets wet with cold water, and the like, mentioning more particularly their use in typhus and typhoid fevers, and the hot stage of intermittents. Two cases of typhoid he especially remembered, one of which, a desperate case where everything else tried had proved ineffectual, was roused from a muttering delirium, and brought to a state of convalescence by the use of the cold sheet. In bilious remittent, also, ice applied to the epigastrium, it was well known, was often followed by a marked improvement in the gastric symptoms. So also scarlet fever had in his experience been often benefited by the external use of cold water. Here, as the excitement diminished, the water might be gradually raised in temperature, to meet the altered indications of the case. In hemorrhages also, cold water or ice was a common topical application, and some practitioners placed their chief reliance on it in uterine hemorrhage after labor. Even in hæmoptysis it was useful, though here some fear might exist of the reaction aggravating the inflammatory tendency. He thought, however, that generally in hemorrhages there was less danger of this result, on account of the previous copious depletion from the affected organ.

The warm bath was spoken of as useful, especially in nervous affections, hysteria, hypochondriasis, and in certain forms of chronic rheumatism.

Hot water, so hot that it could be swallowed only by sipping, was an admirable anodyne in cases of restlessness from ill-defined morbid action,

and in cases of gastralgia and enteralgia might often be advantageously substituted for other anodynes, and especially for those alcoholic stimulants, which Dr. B. highly disapproves of.

Mineral waters were then touched upon, and Dr. B. expressed the opinion that their good effects were by no means solely due to change of air, scene, &c., but in great part to the remedial power of the waters themselves. A curious fact was adduced to show that ordinary water, free from any unusual mineral impregnation, was sometimes useful in disease. A gentleman in England, who had been in the habit of visiting a watering-place every summer for the relief of some ailment, one season was prevented from leaving home, and determined to drink the common water used at his table, at the regular hours, and in the quantities to which he had been accustomed at the springs; and, strange to say, with all the good results experienced in former years from the use of the mineral waters.

Exercise was finally enjoined, as a therapeutic agent of great power, if used with proper discrimination, and the moderate use of gymnastics, in the open air or well-ventilated rooms, was strongly recommended.

In conclusion, Dr. Bell stated that he could not now enter on the extensive subject of what had been called the Non-naturals, a term the origin of which had always puzzled him. This subject, including the effects of air, temperature, &c., he hoped to have an opportunity of treating in the course of the winter.

DR. BRYAN asked if Dr. Bell would not state more at length his views on the use of the warm bath in chronic rheumatism. Some late writer had expressed an unfavorable opinion of it, with which his own personal experience, as well as the results of his practice, coincided.

DR. COATES criticized some of the remarks of Dr. Bell. He could not see how some of the agents enumerated by Dr. B. could come under the head of hygienic treatment, according to the definition he had himself given. Cold bathing indeed was an ordinary means of preserving health; but he could not say that wrapping up in cold sheets, or the application of wet cloths to portions of the body, was a part of our ordinary daily life. The sipping of hot water, indeed, might be said to be practised in the form of tea-drinking, but this was in his opinion a matter of luxury, and the taste was certainly artificial. He thought the term Hygienic Management of Disease, was properly limited to the keeping of a patient at a proper temperature, ventilating his room, and furnishing him with suitable articles of diet, while injurious influences were carefully excluded.

In regard to the term Non-naturals, Dr. C. thought it equivalent to non-native. It was of mediæval origin, and meant, he supposed, those things which, like the atmosphere, were exterior and foreign to the body. He also objected to the word Hydropathy, which Dr. Bell had made use of, as he thought the learned termination in *pathia* applicable only to a truly scientific system of medicine. Preissnitz was not by any means the first to recommend the extensive use of water in the treatment of disease. Physicians had long

been in the habit of using it without reference to Preissnitz.<sup>1</sup> Dr. C. thought that after all there was not much difference in the mode of action of cold or warm water in the cure of disease, and that of other agents, such as ipecacuanha and calomel. In either case, a certain impression was made upon the organism, a certain change induced, and it mattered little how it was done, provided the desired result were attained, the restoration of the patient to health. He then alluded to the danger of internal inflammation where cold water had been applied to the surface for the cure of hemorrhage, quoting some instances of peritonitis induced by cold directly applied to the abdomen, and spoke of the confusion in some minds between the original sedative agency of cold and the secondary stimulant effect of the reaction. The use of it required much judgment on the part of the practitioner. In conclusion, he mentioned a case of the use of cold water in rheumatism, which illustrated the good luck rather than correct judgment of a late distinguished physician; and commended a recent publication of Dr. Hartshorne's on the use of water.

Dr. BELL defended his position, averring that even the least usual of the means he had mentioned were often used to preserve health and prolong life: as for example the warm bath, which certainly often had these effects, when used with proper precautions. He had used the word Hydropathy, not as awarding to a system of quackery the respect due only to true medical science, but merely as a convenient term. He also made some further statements in regard to rheumatism, and stated his dissent from the ordinary view of the extreme application of cold tending to produce internal congestion and favor inflammation. It was certainly not so in the case of the alimentary mucous membrane, and he thought it was equally untrue when applied to the mucous coating of the respiratory organs. He had observed the application of the cold sheet in scarlatina produce a marked diminution in the temperature of the breath. This he explained by supposing that cold, externally applied, produced a general sedation throughout the system, and that it did not, as commonly supposed, reduce the external heat at the expense of internal congestion. If we could produce the same impression by cold that we ordinarily obtain by bloodletting, Dr. Bell thought it would be an improvement. He did not, however, commit himself to this view.

Dr. COATES thought the phenomenon mentioned of cool, natural breath induced in scarlatina by the external application of cold, might be explained in a more philosophical way. There is in this disease, as the thermometer

<sup>1</sup> The reporter may, perhaps, be permitted to quote the following passage from the fifth vol. of the *Edinburgh Medical Essays*, published in 1752. (See p. 415.)

"The Italian physicians seem at present very fond of cold water; which they esteem almost an universal remedy, giving in the day fifteen, twenty, or twenty-five pounds of water, made cold by ice, and applying at the same time cold water or snow to several parts of the body. By this method they treat fevers, smallpox, dropsy, &c.—*Commerc. Norimb.*, 1736."

Here is the water-cure 120 years ago.

proves, an exaggeration of the heat producing function, resulting in a general elevation of temperature throughout the body; it is the duty of the skin and lungs to carry off this excess of heat; but when by artificial means, such as the external use of cold, the heat is very rapidly abstracted, the lungs are relieved of their extra duty, and the air exhaled from them is cooler.

Dr. TURNBULL asked if Dr. Bell had observed coryza following the application of cold water to the head in cases of headache.

After a few more remarks from Dr. Bell, who had not noticed these cases, and thought they must be rare, when we consider the frequent external use of cold water in cephalic affections, the Society adjourned.

## BIBLIOGRAPHICAL NOTICES.

ART. V.—*Obstetrics; the Science and the Art.* By CHARLES D. MEIGS, M. D., Prof. of Midwifery and Diseases of Women and Children in Jefferson Medical College at Philadelphia, &c. &c. Third edition, revised, with 129 illustrations. Pp. 758. Philadelphia: Blanchard & Lea, 1856. Price \$3 75.

MEIGS, notwithstanding his eccentricities as a writer, is a great favorite. Ask a practitioner what works he has on obstetrics or diseases of women. "Oh, I have Meigs," he will reply, as if having Meigs he needed to have no other. This, however, is not Meigsian doctrine, for our author says distinctly to the student, that he "can never learn too much of the opinions and experience of mankind, gained during the lapse of ages, on the subject of disease and its remedies." The fact is, Dr. Meigs is by a portion of the profession in this country regarded too much as a Sir Oracle in his department. His work—indeed, we may say his *works*—are unquestionably good, so far as they go, but they must only be taken for what they are worth, and it must not be forgotten that Dr. Meigs may even now be said to represent a past era in obstetric medicine. We do not mean to say that the book before us is not in most respects up to the present position of the science and art of obstetrics, but there are points we think in which a step or two upward would bring him more nearly on a level with the times. We might instance his views of the use of chloroform in obstetrics, and his somewhat extreme views, at least so considered by very many practitioners and writers, on the subject of childbed fever, a name, by the way, which Dr. Meigs protests against.

In spite of Dr. Meigs' impatience of sophomoric criticisms, we must venture to point out one instance of discrepancy. On page 621, speaking of childbed fever, he says, "The disease is one, the writers and talkers are legion," &c., while on page 624, while engaged in proving the inapplicability of the term "childbed fever," he says, "The disorder here to be treated of \* \* \* is not one, but many affections. It is inflammation of the womb alone; or it is inflammation of the veins of the womb; or it is inflammation of the peritoneum; or it is metro-phlebitis, or metro-peritonitis, or else a combination of metro-peritonitis with phlebitis. These are its several forms." It is well known that in this disease Dr. Meigs is a staunch non-contagionist, and that on this point he has the support of Dr. Hodge, the eminent professor of obstetrics in the University of Pennsylvania, and that their views have been made the subject of severe criticism. Among those who, have combated them with considerable ability is Dr. Oliver Wendell Holmes, who we presume, is meant by *Hulme*, on page 653 of Dr. Meigs' work. We are not going to combat Dr. Meigs' views on this subject now, we have neither the time nor

the space, even if we had the inclination; yet we must in all candor say that his arguments are, to our mind, those of a person determined to defend a favorite theory.

On page 655 we would suggest in another edition an alteration in the fifth line from top, so as to read "Dr. John Bell, late Professor," &c.

We do, as the profession will everywhere, hail the appearance of a new and revised edition of Dr. Meigs' work on the science and art of obstetrics. Long may the distinguished author live to enjoy the fruits of his literary labors, and to be the instructor of increasing classes of admiring students.

Every American physician should possess a copy of this book. There is scarcely a work on the subject that will so rivet his attention as this will, and make study a real pleasure.

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ART. VI.—*The History and Statistics of Ovariectomy, and the Circumstances under which the Operation may be regarded as safe and expedient.* Being a Dissertation to which the Prize of the Massachusetts Medical Society was awarded, May, 1856. By Geo. H. Lyman, M. D. "*Hydrops ovariorum ut plurimum steriles annosaeque mulieres occupat, difficulter cognoscitur et vix sine inciso cadavere.*" *BOERHAAVE*, Aph. 1223. Pp. 146. Boston, 1856.

THE science of Statistics, as applied to medicine, is attracting more and more attention in this country. Legitimately and carefully applied, they are very important and useful, though they may be, and often are, made to prove almost any position a writer chooses to take. The author of the little work before us, has evinced a commendable industry in collecting the statistics of 300 cases of ovariectomy, and giving their results. As Dr. Lyman seems to have no special theory to establish, or personal reputation as an ovariectomist to sustain, it is to be presumed that his statistics are reliable, and his deductions from them, fair. This being the case, his work may be looked upon as an exceedingly valuable one. He points out many errors in the tables of statisticians who have preceded him, and has evidently taken great pains to have his own tables as nearly perfectly correct as may be.

The following is the general result of an analysis of the cases:—

Whole number of cases, 300; operation completed by the removal of the tumor in 208, which, excluding four cases in which the result is not mentioned, gives 70.27 in 100.

In 10 cases the tumor was partially removed.

In one case the result is not stated; of the remaining 299 operations, 179 recovered, and 120 died, or 1 in  $2\frac{2}{3}$ , or 40.13 in 100.

Of the 208 cases in which the operation was completed, 119 recovered, or 57.21 in 100; 89 died, or 1 in  $2\frac{2}{3}$ , or 42.78 in 100; giving therefore 300 operations for the removal of ovarian disease, of which 119 only were successful in the removal of the disease and the recovery of the patient; or, 1 in  $2\frac{2}{3}$ , or, 39.66 in 100—less than two-fifths.



From his analysis the author gathers the following facts:—

"In three-tenths of the cases (29.72 in 100), the operation could not be completed.

The rate of mortality in all the operations was 40.13 per cent.

In seven-tenths of the cases the operation was completed, with a resulting mortality of 42.78 per cent.

In the unfinished operations, the mortality was 30.68 per cent.

The proportion between the whole number of recoveries, *after the removal of the tumor*, and the whole number of operations undertaken in the hope of such a result, we find to be as 39.66 to 100, or less than two-fifths.

Adhesions caused the abandonment of the operation in 22.06 per cent. of the whole number, or caused 77.27 per cent. of the failures.

No tumor was found in nearly three per cent. of the whole (2.66 per cent.)

Where adhesions complicated the removal, 47.82 per cent. died; where no adhesions complicated the removal, 32 per cent. only died.

Of the whole number of short incisions, 30.76 per cent. died; of those completed, 38.33 per cent. died; of those not completed, 22.80 per cent. only died.<sup>1</sup>

Of the whole number of long incisions, 41.95 per cent. died; of those completed, 41.46 died; and of those not completed, 45 per cent. died.

Previous tapping does not always cause adhesions.

As far as these cases go, the mortality is least between the ages of fifty and sixty, and greatest under twenty.

The mortality is least when the disease is of between three and four years' duration.

There is but little difference in the mortality between the married and single.

The right ovary is more often diseased than the left, though less so than often stated.

Of the above fatal cases, 42.35 per cent. were from peritonitis, 23.52 per cent. from hemorrhage.

Death ensued, upon an average, the eighth day; the average of deaths from peritonitis being also the eighth day; and those from hemorrhage in twenty-two hours.

And, finally, in more than ten per cent. of the cases, important errors of diagnosis occurred."

The author remarks that, "Setting aside errors of diagnosis, the great dangers of the operation are peritonitis and hemorrhage. Any device, therefore, which removes the necessity of leaving a bundle of ligatures and a sloughing stump within the abdominal cavity, will materially increase the chances of escape for the patient."

"In some few cases, it will be noticed that hemorrhage has arisen from unobserved vessels in the divided adhesions, but, in the majority of instances, it came from the pedicle itself, either from shrinking of the tissues or slipping of the ligature, and this notwithstanding the utmost care in the application. Various contrivances have been suggested for the prevention of so fatal an accident—as tying the pedicle in different portions by a double ligature, passed through and closed in opposite directions; two double ligatures through at right angles, and tying as in *nævus*; carrying the ends of the ligature through the pedicle on the distal side of the stricture; securing each vessel separately, and then surrounding the whole pedicle by a circular ligature, &c.

<sup>1</sup> The author assumes *six inches* as the line of division between the *long* and *short* incisions.—ED. MED. AND SURG. REF.

"A plan for diminishing the liability to peritonitis was adopted by Dr. Van Buren, of New York, which consisted in dissecting away the peritoneal covering of the pedicle sufficiently for the application of the ligature beneath it, thus preventing its being involved in the constriction; and the same thing was practised soon after by Mr. Erichsen, of London, with the valuable addition to it of bringing the pedicle, ligatures, and all, to the external wound, and fastening them there, as was done in Mr. Duffin's case. This plan, in whole or in part, has since been carried out in several instances. To diminish irritation, the ligatures have sometimes been cut close, removing the ends. In 1846, Mr. Handyside, with the same view, carried the ligatures through the recto-vaginal cul-de-sac into the vagina; as did also Dr. Peaslee, in 1855. In one of Dr. Atlee's cases, no ligature whatever was required, torsion being sufficient."

In regard to the mortality from the operation, the author draws the following conclusions from the facts collected by him:—

"1. The mortality attendant upon Ovariotomy is no greater than it is after other capital operations.

2. The mortality resulting from extensive incisions of the peritoneum is generally over-estimated.

3. Fully developed cystic disease of the ovary tends rapidly to a fatal result.

4. No method of treatment heretofore devised for it is so successful as extirpation; excepting, possibly, that by injection with iodine, of the results from which, we have, as yet, insufficient statistics.

5. The operation is unjustifiable in the early stages of the disease.

6. After active development has commenced, with the supervention of constitutional symptoms, the sooner the operation is performed, the greater the chance of recovery.

7. No rule can be laid down as to the length of the incision, other than the general one—that, the shorter it is, the less the mortality; and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case.

8. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed."

There are other important facts and deductions in this valuable dissertation, which we would gladly present to our readers, had we time and space. But we have given enough to show its value to those interested in such inquiries, and advise them to procure and examine it for themselves.

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ART. VII.—*A Review of the present state of Uterine Pathology.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, &c. &c. Pp. 75. Philadelphia: Blanchard & Lea, 1856. Price 50 cts.

THIS is a polemic treatise. Some ten or fifteen years since the author published, through the *Lancet*, some doctrines on uterine pathology and the treatment of uterine disease, which to the English ear were novel and start-

ling. These papers were followed by a work entitled *A Practical Treatise on Inflammation of the Uterus, its Neck and Appendages*. The idea that many of the complaints to which women are subject, and under which they languish away months and years of their existence, depended on inflammation of the neck of the uterus, and its consequences, induration, and destruction of tissue, was more than some of the eminent practitioners of England were willing to admit. Some of this opposition was undoubtedly founded on a dislike of resorting to methods of treatment, which such a pathology would necessarily call for.

Among the most prominent opponents of Bennet, are Dr. Robert Lee, who denies the existence of the lesions in question, and Dr. Charles West, who, while admitting their existence, denies their pathological importance.

The subject is, as our readers can readily see, a very important one, involving methods of treatment of certain uterine diseases which find no favor in the eyes of many practitioners. The speculum controversy—for this, after all, is what it really is—has been carried on with considerable warmth. It seems to us that the advantage, both in argument and practice, is decidedly with those who advocate its judicious use. We have seen enough to satisfy us that Bennet's pathological doctrines are correct, and if so, the speculum practice follows as a necessity, if the lesions are to be treated to the best advantage.

The little work before us is written in good spirit, and although a controversial one, is a very interesting and useful one to the practitioner. This Review may be considered an addendum to the author's *Practical Treatise on Inflammation of the Uterus and its appendages*, and can be had in connection with the latter work, or separately. The *Practical Treatise* is a book of 500 pages. Price \$2 00.

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ART. VIII.—*Sight and Hearing; How preserved, and how lost*. By J. HENRY CLARK, M. D. *Obsta principis*. Pp. 351. New York: C. Scribner, 1856.

THIS is a "popular hand-book," treating of two of the most important senses with which man is graciously endowed, both which are often sadly abused, partly through ignorance, and partly through recklessness. Dr. Clark, who is a practitioner in Newark, N. J., has, we believe, suffered much himself from weak eyes, and probably writes on this subject, partly from personal experience. His object is not to interfere with the special province of the physician, the oculist or the aurist, except it be by rendering their services needless, by inculcating into the popular mind those fundamental principles in regard to the preservation of the senses of sight and hearing, which will enable them to guard against injury to the delicate organs through which they manifest themselves. In other words, he endeavors to teach how to preserve sight and hearing, not how to treat diseases of the eye and ear. We regard the field in which Dr. Clark is laboring, a legitimate one for the

high minded physician, and are glad to learn that his work, which seems admirably adapted to the object in view, has met with a cordial reception at the hands of the public.

We regard it as a safe book to recommend to those whose occupations are such as to endanger the integrity of either of the organs in question. Besides containing much that will prove interesting and instructive to the practitioner of medicine, the book presents great attractions to the amateur physiologist, the teacher of youth, the parent, and the person whose eyesight or hearing is beginning to fail.

The headings of the chapters will give an idea of the contents of the book. SIGHT—Functions and capabilities of the eye—Structure of the eye—Disorders incident to childhood—To youth—Near-sightedness—Acquired near-sightedness—Middle aged sight—Accidents—Artificial light—Comparative advantages of the different lights in use—Overwork—Astenopia—Aged sight—Glasses—Colored glasses—Glasses for double purposes—Abuse of glasses—Rules for the selection of glasses—Improper treatment of diseased conditions of the eyes—Popular notions and remedies—Quackery—Artificial eyes. HEARING—Introductory—Structure of the ear, and its functions—Curability of diseases of the ear—Popular opinions and practices—Diseases to which the ear is subject—Deaf-dumbness and ear trumpet—Comparative value of sight and hearing—Revelations from the land of science.

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ART. IX.—*An Introduction to Practical Chemistry, including Analysis.* By JOHN E. BOWMAN, F. C. S., Prof. of Practical Chemistry in King's College, London, &c. &c. Second American, from the Second and Revised London edition. Pp. 298. Philadelphia: Blanchard and Lea, 1856. Price \$1 25.

We are glad to see this little work brought out on its own merits. Any effort to simplify chemistry, and make it attractive to the student, should meet with encouragement and approval. In the work before us, Mr. Bowman has endeavored throughout, to make everything as simple and intelligible as possible, and the employment of complicated or expensive apparatus has been almost wholly avoided. The directions to the student for manipulation, and the definitions of terms, &c., are exceedingly minute and satisfactory, as are also the directions for quantitative and qualitative analysis, and the tests for arsenic. The work is well adapted to the purposes for which it was intended. It is calculated to make the study of chemistry pleasant, because it simplifies it as no other work does that we know of.

ART. X.—*The Transactions of the American Medical Association*. Instituted 1847. Vol. IX. pp. 907. Philadelphia: printed for the Association by T. K. & P. G. Collins, 1856.

WE can do no more here than announce the fact that this magnificent volume is ready for delivery to subscribers. In our next we shall endeavor to give a synopsis of its contents. An association which can put forth such a volume of Transactions as the one before us is well worth cherishing by the profession of this country. We urge it upon our readers to supply themselves with these Transactions forthwith. The cost (three dollars) is very small compared with their value. Address the Treasurer of the Association, Dr. Caspar Wister, No. 479 Arch St., Philadelphia.

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ART. XI.—*The Practical Anatomist: Or, The Student's Guide in the Dissecting-Room*. By J. M. ALLEN, M. D., late Prof. of Anatomy in the Medical Department of Penn'a College, &c. &c., with 266 illustrations. Pp. 631. Philadelphia: Blanchard & Len, 1856.

THIS work commends itself to the student and the practitioner. It belongs to a class which is indispensable, particularly in the dissecting-room. Dr. Allen has rendered good service to American medical literature in bringing out this work in so able a manner, and so well illustrated. Why there should be any demand for Wilson's, and the London and Dublin Dissectors, when our own anatomists can publish works in every respect as good, we do not see. We trust that Allen's Practical Anatomist will receive the patronage of the American Medical Student, for it seems to be in every respect worthy of it.

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ART. XII.—*Handbook of Inorganic Chemistry; for the Use of Students*. By WM. GREGORY, M. D., F. R. S. E., Prof. of Chemistry in the University of Edinburgh, and Author of Handbook of Organic Chemistry. Fourth American, from the third English edition. To which is added *The Physics of Chemistry*. By J. MILTON SANDERS, M. D., LL. D., &c. Pp. 426. New York: A. S. Barnes & Co., 1857.

WE are glad to see a new edition of Gregory's Chemistry. The author is a well-known and able chemist. The American editor has added the physics of chemistry, or, the chemistry of the imponderables, light, heat, and electricity. We are ignorant of his qualifications for the task. If the publishers had given us Gregory's Chemistry without the services of an American editor, we doubt not they would have met the wants of the student quite as well as under the present arrangement. We are disgusted with "American editors" tacking their names to the title page of distinguished foreign authors for the sake of gaining a notoriety to which they have a very questionable title.

Let our publishers encourage American authors to write books, and not steal the labors of foreign writers, as is too much the custom.

## EDITORIAL.

## THE PHILOSOPHY OF MEDICAL JOURNALISM.

This number closes the ninth volume of the MEDICAL AND SURGICAL REPORTER. Nine years may be considered a patriarchal age for a medical periodical to attain. If any one would take the pains to look over the field of this species of medical literature, he would find that comparatively few journals attain such an age. Many of them have been annuals, while it has happened that some have perished while in the embryotic condition.

There are good and sufficient reasons for this. We will mention a few.

1. There are so many medical journals, that most of them are sustained at considerable loss to their publishers. When they are sustained for the purpose of advertising publishing houses, colleges, or their editors, a moderate loss in sustaining them can readily be borne; but there is no one who will be philanthropic enough to sustain a journal long unless it yields a revenue of some sort.

2. Our medical periodicals cannot maintain an existence unless they have the necessary quality of *respectability*. Doctors are generally respectable men, and their frequent visitors and intimate friends must have some sort of pretension to an equality of standing. Now, our medical journals are published at *too low a price*. Consequently some of them appear in a very unbecoming dishabille, while their contents betray the poverty of their conductors, and the leanness of their subscription lists. The price of a journal like the REPORTER ought to be *three* dollars a year instead of two.

3. There is great loss to the publishers of medical journals from their not insisting on *payment in advance*. This can only be done satisfactorily by combined action.

4. Too many of our practitioners patronize *foreign* periodicals to the neglect of their own medical literature. If those who



patronize the *London Lancet*, the *British and Foreign Medical-Chirurgical Review*, and the two foreign half-yearly abstracts, would give their support to worthy American journals, giving them thousands of subscribers where they have hundreds, they would be equal to the best of the foreign journals, and there would be no occasion for the republication of any of them.

Some of the most creditable medical journals in this country are published in the Southern States. The reason is, there are fewer of them, they are higher priced, and they do not have to compete so much with foreign medical literature as the northern journals do.

It would be a desideratum if some medical man having sufficient capital, or some respectable publishing house in one of our large cities, would start a journal *absolutely independent* of every selfish interest; national and high-toned, and a credit to our country. We believe that such a journal would not languish for lack of support.

There is certainly great room for improvement in the character of our periodical medical literature, and we trust ere long to see more spirit and independence manifested in its conduct.

We are glad to be able to say that the year just closed has been a very encouraging one to us. The REPORTER has gained much strength the past year, and the promise of the future was never more flattering. We are laboring hard to merit the patronage of the medical public, and hope that it will not be withheld. It is high time that the REPORTER remunerated us handsomely, and *it will do it*, THE COMING YEAR, if our subscribers will all do what they can easily do—*send us each an additional subscriber—pay up all arrears—and pay for volume ten IN ADVANCE.*


In this connection, we would refer the reader to the index of volume nine, accompanying this number, as evidence of the extent and variety of matter published in the REPORTER in one year. This requires of us arduous and constant labor, and this, during the past year, has been given under peculiarly disadvantageous circumstances. We refer to the fact, that our mind was harassed and much of it taken up with business affairs. We had the misfortune to render service to a corporation, who, instead of appreciating, depreciated its value, in which unworthy business, we have reason to believe, they were aided by members of the medi-


cal profession. The pittance we received for the services we rendered, scarcely remunerated us for the loss of time and the expense attendant on collecting the bill. We hope to be relieved from any such drawback the coming year, and to be able to devote our undivided energies to our professional and editorial labors.


PROF. HENRY H. SMITH AND CHLOROFORM.

A friend has kindly called our attention to the fact that we were in error in stating in our last, that the distinguished Professor of Surgery in the University of Pennsylvania uses chloroform as an anæsthetic in his surgical practice.

The anæsthetic Dr. Smith employs consists of ether three parts, chloroform one part (*each article by weight*), each being tested as to its purity, and mixed some time before being administered. We regret that the error occurred, and hope that if any of our contemporaries have copied our statement, they will make this correction.

 In our notice of Smith's *Surgery* in the November number of the REPORTER, attention was called (p. 554) to an error in the table of contents. A line from the publishers informs us that despite the coincidence in paging between the close of "signature A" and the commencement of "signature 2," this was an accidental error in the omission of "signature B" in the particular copy that we happened to get. The same error may also have occurred in a few other of the earlier copies. This of course takes off the point from the criticism, as the table of contents is perfect. Our readers will please note the fact.

 Our New York correspondent has been compelled, by reason of other engagements, to withhold his communication for the present month.

 Dr. F. S. Schenck, in an address on a preceding page, presents some thoughts on medical organization, and on the present position of the Medical Society of New Jersey, that are worthy of perusal.

MEDICAL SOCIETY OF NEW JERSEY.

We would call the special attention of the profession of New Jersey to the following circular from Dr. Wickes. It is to be hoped that material will be furnished the standing committee for a full and creditable report on the epidemics, &c., of New Jersey the past year.

*To the Reporters of the District Medical Societies, and to the Profession of the State:—*

The By-Laws of the Medical Society of New Jersey make it the duty of its *Standing Committee* to report the general state of health of the citizens of New Jersey during the year—the history of any epidemic which may have prevailed—curious medical facts, discoveries, and remarkable cases—also all irregularities and neglect of the laws, rules, and regulations of the Medical Society of New Jersey; and, in a word, to present to the Society any matters of a general or local nature calculated to promote its own respectability, or the well-being of their fellow-citizens.

The committees appointed in previous years have been unable appropriately to fulfil the duties of their appointment, by the failure on the part of the Reporters of the District Societies to make out and send to them a report. In 1853 no report was received by the committee; in 1854, four; in 1855, none; and, in 1856, three. The committee of this year desire to call your attention to this subject. The report of the Standing Committee *ought* to be a document of value, and one which should interest the profession throughout the State, and be worthy of the notice of the profession at large. Will you lend your aid this year to accomplish this result? The committee respectfully and earnestly urge upon your attention the duty, as reporters of your respective District Societies, of sending a report on or before the first day of January next. Is there nothing in your districts which will interest the profession of the State? If no epidemic has invaded your bounds, are there no “curious medical facts, discoveries, and remarkable cases” which have come to your knowledge? We solicit a notice from you if any such there are.

Hoping to hear from you in due season, we remain, very respectfully, your obedient servants,

In behalf of the Committee,

STEPHEN WICKES, *Chairman*.

ORANGE, N. J., Nov. 18, 1856.

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## EDITORIAL CORRESPONDENCE.

### THE NEW PROFESSORS.

PHILADELPHIA, Nov. 1856.

DEAR REPORTER: Having some curiosity to learn how the newly imported professors were sustaining themselves in their respective chairs, and feeling sure that many of your readers felt the same curiosity in the matter, we went into the Jefferson College some days since to hear one of them—Dr. Gross. It happened to be a clinique day, and we learned on entering the

building that the new professor of surgery was to operate for stone on that day. So, thinking it an admirable opportunity of judging of his skill, if we could not of his ability as a lecturer, we hastened up into the amphitheatre, which we found crowded with students eager, like ourselves, to witness this *test operation* (if we may be allowed to call it such in this case at least). We supposed that there was a large number attracted from the other schools to see the operation, and that the class thus assembled was not, therefore, a fair criterion of the number in attendance at this school, but on inquiring of those sitting near us before the professor made his appearance, we learned that the room was not unusually full, and that the class at the school this year was really unusually large. But to return to the lecture, or rather we will say first at least, to the lecturer, who entered the arena shortly after we got seated. We were particularly struck with his appearance and manner as he entered the room. He is tall, quite so, about, we should say, six feet one or two inches, and thin, with a remarkably pleasant expression of face, and a fine receding forehead, slightly bald, his hair tinged with gray, his brows arched and projecting, a keen eye, a somewhat aquiline nose, and to us an exceedingly pleasant expression of the mouth. His face struck us as that of a thoughtful, cautious, but energetic man. After showing to the class the result of a previous operation—a case of rhinoplastic surgery—he entered into a detailed account of the symptoms and diagnosis of urinary calculus, occupying nearly the whole hour in an exceedingly clear and accurate exposition of the phenomena of the disease, and of the manner in which he proposed to operate in the case to be brought before the class. His voice is very clear and sonorous, his manner is energetic, and he speaks as a thoughtful man would, with words both accurate and well chosen. We confess we were very much pleased with him as a lecturer, but if we say so we must likewise say that we were charmed with him as an operator. His patient, a boy, was etherized, and by two clean cuts of his knife he not only reached the staff, but was in the bladder, and before those around him were aware of how far he had progressed in the operation, he had extracted the stone. And all this, done so quickly, was done with so much apparent ease and absence of all appearance of hurry we could hardly realize that the operation had been more than begun, even after it was completed. We have but little doubt that we might have been observed, as many others could have been, gaping with amazement. We noticed a cool headed Yankee by our side putting away his watch with an expression of great satisfaction, as we recovered our equilibrium, and immediately recognized what he had been doing, and asked him how long the Doctor was in performing the operation, and he answered exactly *thirty-three seconds*. Now, as there was no appearance of operating *against time* in the manner of the operator, we certainly consider it a specimen of very great skill. The instruments used on the occasion were a curved grooved staff, the operating knife for the purpose, and a pair of forceps. The Doctor, as he stated to the class, made but a small incision with his knife in the prostate, which he enlarged with his finger by tearing the glandular structure. We noticed another peculiarity. In the dressing of the wound he did not, as has always been the practice here, intro-

duce a catheter through the wound into the bladder for the purpose of preventing urinary infiltration. No such precaution was resorted to, and we looked for the result with considerable interest. Two or three days afterwards we learned that not only did the dreaded sequel not make its appearance, but that the wound was nearly entirely closed.

Dr. Gross's friend and former pupil, Dr. Richardson, who was called likewise from Louisville to fill the chair of Anatomy in the Pennsylvania College, is an acquisition to *that* school. We have been very much pleased with him. He is an able teacher, and will prove himself, we have no doubt, a valuable member of that able and energetic faculty. We learn from good authority that the number of its matriculants is one-third more than it was last year.

#### THE LOUISVILLE REVIEW AND MEDICAL EXAMINER.

The *Louisville Review*, which was started by Drs. Gross and Richardson in May last, has been continued by them since their removal to this city. In January it is rumored it will appear not only in a new dress (a change of name made necessary by a change of the place of publication), but will appear as the *successor* of the *Medical Examiner*. The latter journal will, therefore, we presume, expire with the year, but as the certificate of the attending physician has not yet been handed in, we can't say whether the cause of the death is from *inanition* or not. We do not mean to surmise that such is the case, for we think that the *Examiner* has always been conducted by editors of ability, that it has fought its fight (and, we may add, has given and received many a hard knock), and has been useful in its day and generation; but that day seems to have 'gone by. If Drs. Gross and Richardson are going to continue their journal on the same liberal scale with which they have started it, the *Examiner* would have to undergo a thorough *rejuvenation* to pretend to compete with it. We think that the proprietors of the *Examiner* have done wisely, if, as it is currently reported, they have determined to dispose of its subscription list to its new competitor for public patronage, for we doubt if the profession will sustain more than two journals from our city; it will, therefore, be at least wise policy for one of them to retire whilst it can do so with credit to itself, and as the *Examiner* has run a long course, it can do so with a good grace in favor of its more attractive and younger rival.

#### THE PUBLIC HEALTH.

The health of our city has been unusually good this autumn. With the exception of scarlet fever there has been but little sickness amongst us. The number of cases of scarlet fever, however, has been quite large even for the season, and the disease has evinced a good deal of malignancy; it has been the cause of death in thirty-five instances in the past week (Nov. 17). The total number of deaths from all causes during the same period was 221 which shows our city to be in a good state of health.

Yours truly,

ADAM FRIEND.

## SELECTIONS.

*Lines Addressed to a Skeleton.*—The following beautiful verses were found in the skeleton case of St. Bartholomew's Hospital more than thirty years ago, placed there by some unknown hand. Breathing alike the true spirit of poetry and religion, we take pleasure in perpetuating the anonymous production:—

Behold this ruin! 'twas a skull,  
Once of æthereal spirit full;  
This narrow cell was life's retreat,  
This space was thought's mysterious seat.  
What beauteous pictures filled this spot!  
What dreams of pleasure—long forgot!  
Nor love, nor joy, nor hope, nor fear,  
Has left one trace or record here.

Here, in this silent cavern, hung  
The ready, swift and tuneful tongue;  
If falsehood's honey it disdained,  
And where it could not praise, was chained;  
If bold in virtue's cause it spoke,  
And gentle concord never broke;  
That tuneful tongue shall plead for thee  
When death unveils eternity.

Beneath this mould'ring canopy  
Once shone the bright and busy eye;  
Yet start not at the dismal void!  
If social love that eye employed;

If with no lawless fire it gleamed,  
But with the dew of kindness beamed—  
The eye shall be forever bright,  
When stars and suns have lost their light.

Say! did those fingers delve the mine?  
Or with its envied rubies shine?  
To hew the rock, or wear the gem,  
Can nothing now avail to them;  
But if the page of truth they sought,  
And comfort to the mourner brought;  
These hands a richer meed shall claim,  
Than all that waits on wealth or fame.

Avails it whether bare or shod,  
These feet the path of duty trod?  
If from the bowers of mirth they fled,  
To soothe (?) affliction's humble bed,  
If grandeur's guilty bribe they spurned,  
And home to virtue's lap returned;  
These feet with angel's wings shall vie,  
And tread the palace of the sky!

—*Virginia Med. Journal.*

*Nature of Poverty.*—We clip the following very suggestive paragraphs from the report of Dr. Edward Jarvis on "Insanity and Idiocy in Massachusetts:"

"In this connection, it is worth while to look somewhat at the nature of poverty, its origin, its relation to man and to society. It is usually considered as a single outward circumstance—the absence of worldly goods; but this want is a mere incident in this condition—only one of its manifestations. Poverty is an inward principle, enrooted deeply within the man, and running through all his elements; it reaches his body, his health, his intellect, and his moral powers, as well as his estate. In one or other of these elements it may predominate, and in that alone he may seem to be poor; but it usually involves more than one of the elements, often the whole. Hence we find that, among those whom the world calls poor, there is less vital force, a lower tone of life, more ill health, more weakness, more early death, a diminished longevity. There are also less self-respect, ambition, and hope, more idiocy and insanity, and more crime than among the independent.

"The preponderance of mental defect and disease among the poor, is unquestionably shown by the comparison of the number of lunatics and idiots in the two classes. None could for a moment suppose that the total of these classes, the independent and the pauper, are in this ratio.

"This is not only a demonstrable fact in Massachusetts and Great Britain, and probably elsewhere, but it proceeds out of a principle which is fixed in the law of our being—that poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted. Insanity is, then, a part and parcel of poverty: and wherever that involves any considerable number of persons, this disease is manifested.

"When the poor become thus sick and dependent, although friends may, in some instances, be able and willing to step in and meet this expense, yet,



unfortunately, they, too, are generally poor, and the public treasury is the only and the necessary resort for help; and especially when any one becomes insane, the town or the State necessarily assumes the burden. Moreover, as this disease, more than others, is lasting, it would more certainly exhaust any little gathered store of the poor, and the power and the patience of friends; and then, if the lunatic is not at once thrown upon the public, he must ultimately reach that end."—*Cincinnati Medical Observer*.

*Racahout des arabes*.—From a recent edition of Bouchardat's *Formulaire*, we take the following recipe for the racahout powder, which is now much used as an agreeable and nourishing diet with dyspeptics and convalescents. R.—Dried cocoa,  $\mathfrak{z}\text{iv}$ ; potato flour and rice flour, each  $\mathfrak{z}\text{x}$ ; sugar,  $\mathfrak{z}\text{iv}$ ; vanilla,  $\mathfrak{z}\text{ss}$ . One or more spoonfuls in  $\mathfrak{z}\text{viii}$  of boiling milk.

The Wakaha des Indes is an analogous preparation, by some preferred to the racahout. We give the formula. R.—Powdered sugar,  $\mathfrak{z}\text{x}$ ; dried cocoa,  $\mathfrak{z}\text{iv}$ ; vanilla,  $\mathfrak{z}\text{j}$ ; canella,  $\mathfrak{z}\text{iv}$ ; ambergris, grs. v. Used in the same doses as the former compound.—*Virginia Med. and Surg. Journal*.

*Santonin as an Anthelmintic*.—Having had several cases during the last six months (among the poor) of children suffering from worms, I was induced to try the effect of santonin, and, from the very satisfactory results which have arisen from its use, I think it may be interesting to your readers if I give publicity to the same.

Among the first cases treated was that of a child, of two years of age, to whom I gave three grains of santonin, followed in two hours by an aperient powder; this child voided the next morning, at one time, thirty-seven worms, some of them a foot in length, of the lumbricoid ascaris kind. Two children, in another family, were similarly treated, and between forty and fifty worms came from each; again, in a family of four, 124 worms at one time, and many more afterwards, followed the aperient, each child having taken one dose of santonin. I could instance many more cases which have been relieved by this medicine. After the expulsion of the worms, I give a tonic mixture, containing the muriated tincture of iron and muriatic acid, and changed the diet from a vegetable one to that of meat and bread. My cases all do very well.

I should state that santonin is a medicine that may be administered with perfect safety. I give it in its crystallized form, between bread and butter, and, two hours after it, a dose of calomel and jalap; in some cases, an interval of twenty-four hours occurs before the worms are voided.

The persons who reside in the locality in which I have met with these cases, are very poor, and, from the high price of bread this winter, have had recourse to vegetables of the commonest description, as an article of food, which will account for the presence of worms in the alimentary canal.

I am, sir, &c. GEORGE G. PERRY, M. R. C. S. Eng., L. S. A.  
Droxford, Hants, May 1, 1856.—*Med. Times and Gazette*.

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# INDEX.

A doctor's life, 43  
 Abdomen, tumor of, 74  
 Abortion, criminal—peritonitis, 486  
 Abscess in iliac region, 589  
 Academy of Medicine, New York, 127, 190, 393  
 Acne rosacea, 458  
 Aconitin, physiological effects of, 285  
 Aged, asylums for, 32  
 Albumen, as a cholagogue, 264  
 Alsidium Blodgettii, in consumption and scrofula, 446  
 American Medical Association, 185, 257, 300  
   address of the President, 438  
   circular of, 268  
   officers for 1856, 266  
   proceedings of ninth annual meeting, 257  
   report of committee on nominations, 278  
 Anæsthetic, carbonic acid gas as an, 191  
 Anæsthetics, rationale of their action, 245  
 Aneurism of aorta, 341  
   bursting into œsophagus, 226  
   leading into pleural cavity, 289  
   of coronary artery, 74  
   of internal ilia, 290  
 Anomalous fetal development, singular case of, 349  
 Anus, imperforate, 419  
 Aorta, rupture of, 584  
 Apoplexy, 583  
 Appendix vermiciformis, ulceration of, 586, 588, 591  
 Army, rank of surgeons in, 125  
 Arnica as a local anæsthetic, 347  
 Arsenic, poisoning by, 210  
 Association, advantages resulting from, 573  
 Astringent application, new form of (solution of tannic acid in glycerine), 449  
 Atelectasis pulmonum, 242  
 Atropine, physiological effects of, 218  
 Belladonna, as a prophylactic in scarlet fever, 353  
 Betton, Dr. Thomas F., liberality of, 435  
 BIBLIOGRAPHICAL NOTICES—  
   Headland, Action of Medicines, 121  
   Lehmann, Manual of Chemical Physiology, 234  
   Parrish, Introduction to Practical Pharmacy, 236  
 VOL. IX.—NO. 12.

BIBLIOGRAPHICAL NOTICES—  
 Miller, Principles of Surgery, 237  
 Brown, Surgical Diseases of Women, 237  
 Sargeant, Minor Surgery, 237  
 Neill and Smith, Analytical Compendium, 239  
 Jones, Ophthalmic Medicine and Surgery, 239  
 Chambers, Digestion and its Derangements, 296  
 Budd, on the Stomach, 296  
 Bedford, Diseases of Women and Children, 297  
 Flint, Physical Exploration, 297  
 Barlow, Practice of Medicine, 295  
 Neligan, Atlas of Cutaneous Diseases, 298  
 Wright, Headaches, Causes and Cure, 299  
 Transactions of State Medical Societies, 345  
 Gardner, Causes and Cure of Sterility, 381  
 Wood, Therapeutics and Pharmacology, 499  
 Draper, Human Physiology, 500  
 Curling, Diseases of Testis, &c., 501  
 Simpson, Obstetric Memoirs and Contributions, 502  
 Pajot, Obstetric Tables, 503  
 Dunglison, New Remedies, 503  
   Human Physiology, 504  
 Physician's Visiting List, 504  
   Tabulated Diary, 504  
 Carpenter, the Microscope and its Relations, 550  
 Smith, Practice of Surgery, 552  
 Taylor, Medical Jurisprudence, 555  
 Churchill, Diseases of Infants and Children, 556  
 Wilson, Dissector's Manual, 557  
 Agnew, London Dissector, 557  
 Meigs, Obstetrics, the Science and the Art, 597  
 Lyman, History and Statistics of Ovariectomy, 598  
 Bennett, Uterine Pathology, 600  
 Clark, Sight and Hearing, 601  
 Bowman, Introduction to Practical Chemistry, 602  
 American Medical Association, Transactions of, 603

## BIBLIOGRAPHICAL NOTICES—

- Allen, Practical Anatomist, 603  
 Gregory, Inorganic Chemistry, 603
- BIOGRAPHY—**  
 John W. Francis, M. D., LL. D., 23  
 J. F. Peebles, M. D., 133  
 Thomas Boyd, M. D., 193  
 M. L. North, M. D., 196  
 T. Romeyn Beck, M. D., LL. D., 323  
 John C. Warren, M. D., LL. D., 332  
 Hugh Hughs, M. D., 413  
 Wm. Harvey, M. D., 479  
 P. S. Physick, M. D., Reminiscences of, 524
- Blackberry root, medicinal properties of, 38
- Bladder, calculi of, 109
- Brain, atheromatous degeneration of arteries of—apoplexy, 534  
 and liver, tumors of, 376  
 chemical researches on, 371  
 tumors of, 179, 376
- Bright's disease, 76, 376
- Bromine, as a specific in pseudo-membranous affections, 446
- Bronchitis, fibrous, 230
- Burying alive, 448, 449
- Calculi, vesical, with abscess, 177
- Cancer of colon, 228, 233  
 cutaneous, 229
- Cannabis Indica in convulsions, 447
- Cantharidin, and its relations to Spanish flies, 475
- Caoutchouc, liquid, 450
- Carbonic acid gas as an anæsthetic, 191
- Caruncle, diffused, of lips and face, 157
- Carcinoma of œsophagus, 539
- Cassia Marilandica, cathartic properties of, 39
- Cayenne pepper, as a remedy for hemorrhoids, 202
- Chemistry, importance of in medicine, 138
- Chinoidine, as an anti-periodic, 134
- Chloroform as an anæsthetic, 559, 606  
 and creasote in toothache, 347  
 Edinburgh plan of administering, 348  
 employment of in military surgery, 457  
 inhalations of in pneumonia and bronchitis, 219  
 influence of pain in administration of, 346  
 means of counteracting effects of, 46
- Cholagogue, albumen as a, 204
- Cholera infantum, Stewart's prize essay, 241
- Clinical teaching, lecture on, 252
- Cod-liver oil with quinine, 41
- Cold winters, 102
- Consumption and Scrofula, Alsidium Blodgettii in, 446  
 contagiousness of, 346  
 influence of sun's rays in, 345  
 hospital in New York, 128  
 in Philadelphia, 84
- College of Physicians, Philadelphia, 359, 435

College of Physicians, Summary of Transactions of, 493, 540, 588

- Convulsions, Cannabis Indica in, 447  
 Coronary artery, aneurism of, 74  
 Corrosive sublimate, fatal poisoning from, 249  
 Croup, 338  
 Cutaneous eruption, obstinate, 151, 213, 280, 287  
 Cysts, serous, of broad ligament, 533

- Death from eating soup made from stale mutton, 176  
 Diaphragm, laceration of, 179  
 Disease, hygienic management of, 593  
 type of, for past few years, 158  
 Dislocations of femur, Reid's method of reducing, 205, 206, 453  
 Dropsy, abdominal, 74  
 Dull times, 513  
 Dysentery, sulphuric acid in, 199  
 treatment of epidemic, 351  
 Dysmenorrhœa, case of, 365

- Elbow-joint, caries of—exsection, 293
- Epidemic of 1807, preceded by a winter of unusual severity, 200
- Epidemics, precursors of, 173
- Epispastics, occasional ill effects from, 517
- Ergot, fluid extract of, 38
- Erysipelas, iodine in, 251
- Esophagus, carcinoma of, 539
- Exostosis, sub-ungual, 419
- Experiments on body of decapitated criminal, 283
- Eye, extirpation of, 424, 584  
 tumors of—microscopic examination, 585

## EDITORIAL—

- American Medical Association, 185, 306
- Asylums for the aged, 32
- Biographies of living medical men, 81
- Book notices, 558
- Chloroform as an anæsthetic, 559, 606
- Editorial arrangements with New York and Philadelphia, 240
- Fiske prize fund—Rhode Island, 391
- Hit him again, 427
- Hospital for diseases of chest, 84
- Hospitals in New York, 509
- Hydro-oxygen blow-pipe, 83
- Medical Colleges of Philadelphia, 241
- Medical education, 390
- Medical periodicals in Virginia, 33, 85, 125
- Medical politics in Cincinnati, 183
- Medical Society of New Jersey, 80
- Medical teaching—its rewards, 425
- Money invested, not by us, 187
- Necessity of laws restraining sale of poisons, 123
- New York correspondence, 125
- Ought there not to be a hospital in Newark? 385
- Patrons of medical literature, 188
- Philosophy of medical journalism, 604

## EDITORIAL—

- Plain answer to plain question, 505
- Plural births, 388
- Portrait of Dr. J. W. Francis, 33
- Professional changes, 387, 428
- Quack morality, Ayer again, 302
- Rank of surgeons in army, 125
- Registration laws, 383
- The colleges, 512
- The journals, 510
- Tilden & Co.'s extracts, 34
- Too fast, 84
- Transactions of medical societies, 124
- Volume nine, 31

## EDITORIAL CORRESPONDENCE—

- New York, 85, 127, 189, 241, 306, 353, 393, 430, 513, 561
- Philadelphia, 246, 357, 397, 433, 568, 607

- False membrane from rectum, 113
- Femur, dislocation into ischiatic notch—  
reduction by manipulation, 205, 463  
in London hospital, 206
- eburnation of, 224
- necrosis of, after amputation, 72
- Fever, intermittent, 154  
etiology of, 197  
prevalence of, 495
- pernicious, 30
- puerperal—abortion, 338
- typhoid, in Miami Valley, Ohio, 1  
lesions in, 109
- yellow, 430, 434, 547, 561  
acetate of lead in, 493  
in and near Brooklyn, 513  
origin of, 564
- Fevers of 1807 in Ohio, treatment of, 201
- Fistulous openings into stomach, 478
- Fluid extracts of Tilden & Co., 34, 40
- Fetus destroyed by funis, 72
- Foreign bodies, extraction of from natural  
openings of human body, 409
- Fracture, ununited, 70

## Gallie acid, 405

solubility of in glycerin, 477

- Gastritis, acute, 108
- Glass female syringes, danger of, 198
- Glycerin, uses of—soluble powers of, 446
- Graduates, medical, in Philadelphia, 241
- Gross, Dr. S. D., appointment to Jefferson  
Medical College, 359  
as a lecturer, 607

## Hæmostatics, tannin in arom. sulph. acid, 37

in glycerin, 477

- Health reports, monopoly of, 433
- Heart, hypertrophy of, without valvular  
disease, 489  
malformation of, 109, 177  
opening in mitral valve, 485  
rupture of in a dog, 487  
valvular disease of, 292, 489
- Hemorrhoids, remedy for, 202
- Hermaphroditism, case of, 87

## Hernia, diaphragmatic, 73

Holland, Sir John, 514

## Homœopathic consistency, 348

trickeries, 95

## Homœopathy and cholera at Marseilles, 96

illustrations of, 95

in dysentery, 96

## Honoring the dead, 396

Hospital, Bellevue (N. Y.), 309, 508

Blockley (Phila.), 571

Christ Church (Phila.), 569

new, for insane (Phila.), 568

New York, 253

historical sketch of, 204

surgical operations in, 507

## Pennsylvania, insane department of, 246

St. Vincent's (N. Y.), 502

## Hospitals, a historical sketch of, 47

in New York, 508

## Human life, average duration of, &amp;c., 404

## Hydatids, 49

## Pneum, rupture of, 420, 587

## Imbeciles, instruction of, 356, 394

## Infants, extraordinary weight of at birth, 106

## Ingrowing toe-nail, 456

## Iodine, can it revive mercury latent in the system? 44

in erysipelas, 251

injecting pericardium with, 198, 369

## Itch, treatment of, 458

## Keratitis, decoction of rhatany in, 41

## Kidney, encysted, 289

microscopy of, 242

serous cysts of, 418, 583

structure and functions of, 190

## Knee-joint, amputation at, 513

double dislocation of, 221

## Lard, as an antidote to strychnia, 22

## Laryngitis—cast of trachea, 230

## Legal responsibility of medical men, 256

## Lemon-juice in acute rheumatism, 29

## Lines addressed to a skeleton, 610

## Liquidambar styraciflua in infantile diarrhoea, 452

## Liver, cirrhosis of, 224

with Bright's disease, 376

with hæmatemesis, 225

with peritonitis, 378

diseased, simulating disease of cardiac orifice, 320

hydatids of—tubercles— hæmoptysis—

sudden death, 375

melanotic, with cancerous disease of

heart, lungs, and kidneys, 377

## Locked head, and sequelæ, 15

## Longevity, 199

## Louisville Review, 189, 382, 511, 609

## Malformation, congenital, 112

## Malignant disease, cases of, 583

## Martin, St., Alexis, 305

## Maxilla, colloid tumor of, 110

- Medical associations in N. Y., 115  
 errors, 352  
 gossip, 252  
 journals in New York, 115  
 plants, indigenous, 416  
 politics in Cincinnati, 183  
 schools in New York, 85, 189  
 Medullary sarcoma, 61  
 Meningitis, 75  
   cerebro-spinal, 114  
   spinal—hydrophobia, 222  
 Meteorology, 35, 88, 131, 194, 248, 310,  
 362, 399  
   and epidemics of 1855 in Philadelphia,  
   496  
 Metro-peritonitis, 343  
 Miscellany, 34, 35, 85, 189, 241, 304, 364,  
 391, 429, 510, 560  
 Money, in and out of the profession, 405  
 Mutter, Dr. T. D., proposition to College of  
 Physicians, 359, 436, 571  
   resignation of, 357  
 Mysterious in medicine, 351  
 MEDICAL SOCIETIES—  
   Burlington County, N. J., 79  
   Cumberland County, N. J., 79  
   Monmouth County, N. J., 344  
   New York State, 49th annual meeting,  
   115  
   New Castle County, Delaware, 181  
   Pennsylvania, 361  
   Philadelphia County, 546, 592  
   Wilmington (Del.) Medical Associa-  
   tion, 182  
 Medical Society of New Jersey—  
   Address of President, 138  
   Circular to District Medical Societies,  
   606  
   Minutes of 90th annual meeting, 135  
   Officers for 1856, 137  
   Report of standing committee, 146  
   Report from Cumberland County, 151  
   from Bergen County, 152  
   from Gloucester County, 159  
 Nævus in sole of foot, 113  
   treatment of, 457  
 Nature of poverty, 610  
 Neck, fatty tumor of, 342  
 Neurology, 133, 196, 250, 400, 437  
 Necrosis from ulcerative stomatitis, 488  
   of tarsus, 233  
 Nerves, division of in traumatic tetanus, 284  
 Neuralgia, use of diluents in, 37  
 Nitrate of silver as a remedy for burns, 198  
   removal of stains of, 198  
 Obstetrical statistics, 67  
 Occipital bone, deficiency of, 70  
 Orbital tumor, 377  
 Orthopaedic surgery, historical sketch of, 90  
 Ovarian tumor, 290  
 Oxaluria, case of, 29  
 Pancreas, concretions in, 71  
 Paralysis, physiology of different varieties  
   of, 255  
 Patella, fracture of, 74  
 PATHOLOGICAL AND THERAPEUTICAL RE-  
 PORTS, 29, 70, 108, 176, 221, 289, 338,  
 375, 418, 485, 533, 583  
 Pericardium, tapping the, and injecting  
   with iodine, 198, 369  
 Perineum, laceration of, 466  
 Periodical literature, 436  
 Peritonitis, simple and puerperal, 540  
 Peyer's and Brunner's glands, ulceration  
   of, 178  
 Phthisis pulmonalis, liability of negroes to,  
 151  
 Pleurisy, subacute, 152  
 Plural births, 388  
 Pneumonia, bloodletting in, 375  
   lobular, in an adult, 71  
   with fistulous opening in neck, 491  
   of superior lobe, 376  
 Poisoning by arsenic, 210  
   by corrosive sublimate, 209  
   by strychnia, 338  
 Poisonous medicines, 392  
 Poisons, necessity of laws restraining sale  
   of, 123  
 Political doctors, 397  
 Potassium, bromide of in spermatorrhœa,  
 199  
 Professional remuneration, 97, 161  
 Professors, the new, in Philadelphia, 607  
 Prostate gland, encephaloid disease of, 168,  
 176  
 Public health, 395, 428, 433, 609  
 Puerperal convulsions, etherization in, 546  
 Pulmonary valve, rupture of, 489  
 Pumpkin seed as a tenifuge, 197, 432  
 Purpura hemorrhagica, cases of, 156  
 Quackery, 126  
 Quack medicines, certificates to, 171  
 morality—Ayer again, 302  
 Quarantine, ships detained at in N. Y., 513  
 Racahout des arabes, 611  
 Rectum, false membrane from, 113  
 Registering births—pay a man for his  
   work, 463  
 Rhatany, decoction of in keratitis, 42  
 Rheumatism, acute, 29  
   alkaloid method of treatment, 355  
 Rum stomach, 375  
 Russian service, American surgeons in, 197  
 St. Martin, Alexis, 306  
 Santonin as an anthelmintic, 611  
 Sarsaparilla as a medicine, 406  
 Scutellaria laterifolia, fluid extract of, 44  
 Sea-sickness, new remedy for, 39  
 Seminal weakness, a mechanical remedy  
   for, 523  
 Senna, tasteless infusion of, 39  
 Serous cysts, their origin, 418  
 Setons, on the use of, 202  
 Spermatorrhœa, bromide of potassium in,  
 199  
 Spina bifida, 112  
 Spine, fracture of—abscess—pleuritis, 420  
 Spiritual doctor, 445



- Statistics, obstetrical, 67  
 Stomach, cancer of, 538  
     cirrhosis of—no hæmatemesis, 420  
     perforating ulcer of, 378  
 Strychnia and its tests, 450  
     is it cumulative in the system, 461  
     lard as an antidote to, 22  
 Sugar of lead, action of, 168, 217  
 Sulphuric acid in dysentery, 199  
 Surgeons in army, rank of, 125  
 Surgical operation, extraordinary, 198  
 "Sweet gum" in infantile diarrhœas, 452  
 Tœnia, expulsion of by pumpkin seed, 197, 432  
 Tannin, solution of in aromatic sulphuric acid as a hæmostatic, 37  
     in glycerine, 449  
 Tape-worm, patent trap for, 431  
 Testicle, fungoid swelling of—removal, 111  
 Tetanus, traumatic, division of nerves in, 284  
 Tibia, abscess of—amputation, 540  
 Tongue, advantages of administering some medicines by placing on, 94  
     malignant tumor of, 221  
 Trance coma, 447  
 Translations from foreign journals, 218, 283, 369, 475  
 Treasure, lost or found, 96  
 Tuberculosis and tubercular pneumonia, report on, 345  
 Ununited fracture, 393  
     of leg, 313  
 Urethra, stricture of, 110  
     and abscess in prostate, 536  
 Urinary fistulæ, 339  
 Urine, chylous, 343  
     microscopic examination of, 289  
     fatal extravasation of, 534  
 Uterus, fibrous tumor of, 491, 493, 533  
     with (probably) malignant degeneration, 585  
 Vaccination, protective power of, 147  
 Vaccinia and variola in the same patient, 199, 215, 317  
 Variola, use of tincture of iodine in, 369  
 Vena cava, rupture of, 113  
 Venereal sores, iodide of zinc in, 450  
 Veratrine, physiological effects of, 218  
 Warts, venereal, 493  
 Who are surgeons? 353  
 Who shall guard the shepherds? 42  
 Women, hospital for, 129  
 Zinc, iodide of in venereal sores, 450